

Attachment #3 - Missouri Statewide Contract Quarterly Administrative Fee Report

Contractor Name:		Report Contact Name:	
Statewide Contract Number:		Contact Phone Number:	
Date Report Submitted:		Contact Email Address:	
Administrative Fee Payment Calculation: <i>(If no payments received during Reporting Quarter, skip to next section)</i>		Reporting Quarter (check one):	
Total Payments Received (minus returns & credits) from Missouri State Agencies during the Reporting Quarter :		<input type="checkbox"/> January 1 - March 31	<input type="checkbox"/> April 1 - June 30
Total Payments Received (minus returns & credits) from Missouri Political Subdivisions (cities, counties, etc.) during the Reporting Quarter:		<input type="checkbox"/> July 1 - September 30	<input type="checkbox"/> October 1 - December 31
Total Payments Received (minus returns & credits) from Missouri Universities during the Reporting Quarter:		Submit this report to the Division of Purchasing and Materials Management (DPMM) using one of the methods below:	
Total Payments Received (minus returns & credits) from Governmental Entities in Other States during the Reporting Quarter:		1) Mail: Division of Purchasing and Materials Management, P.O. Box 809, Jefferson City MO 65102	
Overall Total Payments Received (minus returns & credits) during the Reporting Quarter :	\$0.00	2) Fax: (573) 526-9815	
1% Administrative Fee (Multiply Overall Total Payments by 1% to determine Total Administrative Fee Payment)	1.00%	3) Email: ereports@oa.mo.gov	
Total Administrative Fee Payment for the Reporting Quarter:	\$0.00	Indicate below the method of payment used for submitting the Total Administrative Fee Payment for the Reporting Quarter and date of payment submission:	
If no payments were received during the Reporting Quarter, check the box below:		Method of Payment Used:	
<input type="checkbox"/> No payments were received this calendar quarter for any purchases on the contract identified above.		<input type="checkbox"/> Personal check <input type="checkbox"/> Money Order	
		<input type="checkbox"/> Company check <input type="checkbox"/> ACH (Electronic Payment)	
		<input type="checkbox"/> Cashier's check	
		Date of Payment Submission: __/__/20__ (mm/dd/yyyy)	
		Signature of Responsible Party for Report Content:	
		Signature: _____	
		Title: _____ Date: _____	